BINDING A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

BINDING

RESERVED

MARGIN

PLACE OF DEATH

PLACE OF BEATH	9.4 1 mc /	ei l	STATE OF MA	RILAND
county levalue	21452 (00	CERTIFICATE O	F DEATH
County			Registration Dis	st. No. 63
Village or City Creston	(No,	0. 02: 140 000 000 00 00 00 00 00 00 00 00 00 00	St.;Ward)	[It death occurred a hospital or institution
2 FULL NAME	quelle	onul	dances	give its HAME inste of street and number
PERSONAL AND STATISTIC	AL PARTICULARS	М	EDICAL CERTIFICATE	OF DEATH
7	SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEA	(Month)	(Day) , 191
January Car	Write the word)	= 17 I HERI	EBY CERTIFY, That I at	tended deceased fr
6 DATE OF BIRTH	10 10		, 191, to	, 191
(Month)	(Day), 189	that I last saw	v halive on	, 191
7 AGE	If LESS th		occurred on the date st	ated above, at 2.
16 yrs 7 mos	29 ds. or mts.	. The CAUSE OF	DEATH * was as follow	ws:
occupation (a) Trade, profession, or		OLY	Reland	
particular kind of work		P		Jacesmul
(b) General nature et industry husiness, er establishment in which employed (or employer)			(Buretlen	утв
9 BIRTHPLACE	2	Contributo Secondary	ry	
(State or country)			(Duratton)	
10 NAME OF HATHER	san alan	(Signed)	10 Jaw	a sta
11 BIRTHPLACE OF FATHER (State or country) 12	200	o, 181 (Address)	r, in deaths from VIOLEN	
	CAUBRA, State	(1) MEANS OF INJURY; and	(2) whether Accidental	
of Mother Thon	y 6 Horros	18 LENGTH OF R	RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANS
13 BIRTHPLACE OF MOTHER (State or country)	9	At place	in the second se	o,yro,mee
14 THE ABOVE IS THOE TO THE BEST	OF MY KNOWLEDGE	if not at place of d	leath ?	990000000000000000000000000000000000000
(Informant) XVIII	eux	Former or usual residence		
(Free	7	19 PLACE OF B	URIAL OR REMOVAL	DATE OF BURIAL
(Address)		- Mrt Pleas	and Gemetery	DIC 1/1, 191
Fled of 16 10 , 1915 Cha	B. A. Harriso	20 UNDERTAKE	Hollis & Son	Treston &
If more blanks are			Balto, Requesting V. S. No.	1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Stationary fireman, ctc. But employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., witbout more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-The material worked on may form part But in many cases, engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deates mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" "Coma," "Convu (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Debility": ("Con-"Dropsy," "Exhaustion," "Atrophy," "Col-ACCIDENTAL, important.



PHYSICIANS t statement of .Ward) RECORD EXACT SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE properly class stated MARRIED, PERMANENT WIDOWED OR OLVORCEO tifionte 17 6 DATE OF BIRTH should po (Month (Year) If LESS than AGE It may of 7 AGE 1 day, brs. back OF DEATH * mls. ? that BOCCUPATION Instructions on supplied (a) Trade, profession, or particular kind of work 0 (b) General nature of ladustry terms. business, or establishment in carefully which employed (or employer) Contributory 9 BIRTHPLACE See In (State or country) 10 NAME OF pe FATHER 2 pino Important. I (1) 11 BIRTHPLACE RENT State or country K 0 12 MAIDEN NAME of Informatio V OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE Al place WRITE of death mse.ds. (State or country) Yre. Where wee disease sectrocted, Every item of In should state CA OCCUPATION if not of place of death? Former or usual reoldence (Address) 15 m

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 y. Saratoga St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hespital or institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 1914 (Day) (Year) (Month) I HEREBY CERTIFY, That I attended deceased from State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accimental, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Sizie. OATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Nevcr report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably or misearriage as "Puerperal septichaemia," The contributory (secondary or intereur-"Atrophy," ACCIDENTAL, important. ("Con-



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UNFA	e care
WITH	ould b
WRITE PLAINLY, WITH UNFADING	N. B.—Every Item of information should be carefully subhould state CAUSE OF DEATH in plain terms
TE PL	forma
WRI	te CA
	y item
. 1.	Ever
V. 8. No. 1.	m.
>	Z

Cour	PLACE OF DEATH nty Caroline 21454	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	age or City Henders (No. ,	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale What Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 DATE OF GEATH 1915 (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
7 AG	(Month)	that I last saw h alive on fine date stated above, at m. The CAUSE OF DEATH * was as follows:
par (p bar (a	a) Trade, profession, or ricular kind of work D) General nature of lodustry siness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	(Quration) yrs. mas. ds. Contributory Secondary
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
14 TH	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth yre. mee. ds. State, yrs. mee. ds. Where was discess contracted, if not at place of death? Former or usual residence
15 File	(Address) Henders ed Dal 3, 1915 Wellowher REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 UNDERTAKED ADDRESS AD

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus, genital," "Senile," ctc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia, nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by "Heart failure," "Haemorrhage," "Inanition," "Maras-"Annemia" (merely symptomatic), chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway The contributory (secondary or intercurtrain-accident; Revolver "Puerperal septichaemia," State cause Never report mere "Atrophy," mound



A PERMANENT RECORD

S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION, is very DEATH in plain terms, so that it make instructions on back of certificate. CAUSE OF Important. S

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black Black or wide word	16 DATE OF DEATH Seo. / Day (Year)
B DATE OF BIRTH April (1914	17 LHEREBY GERTIFY, That I sttended decessed from 1915, to 15 1915.
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	snd that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	Palmonary J. B.
(b) General nature of Industry, business, or establishment in which employed (or employer)	Several years (Ouration) yrs. mos. ds.
State or country) 10 NAME OF FATHER OAANTO A	Secondary (Ouration) yrs mos ds. (Signed) Management of the control of the contro
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 16 MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MAIDEN NAME OF MOTHER 11 MOTHER 12 MAIDEN NAME OF MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OIL ON HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Delayoure	At place in the ot deathyrs,
(Informant) Aummie Lefturs	If not at place of death?————————————————————————————————————
(Address) With From Oll Flied Dec /2, 1913 By Jefferson REGISTRAR	Death Own Date of Burial Double Common Date of Burial Double Com
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichaccer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

CAUSE OF I

N. B.

PLACE OF DEATH
County

21456

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 63

Village or City Mellon (No	St.; Ward) [If death occurred to a hospitat or institution,
FULL NAME Warfield Rei	A Chamber give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH 4 COLOR OR RACE MARRIED, MARRIE	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nau 10 1915, to Dec 22 1915, that I last saw have alive on Dec 22 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employar)	(Duration) byrs
9 BIRTHPLACE (State or country) MI 10 NAME OF BASEO MM Chamber	Gontributory Secondary Secondary (Doration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAJDEN NAME OF MOTHER (Ary Old	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos, ds Where was disease contracted.
(Informant) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of My Knowledge (Address) Presson True of the Best of the My Knowledge (Address) Presson True of the Best of the My Knowledge (Address) Presson True of the Best of the My Knowledge (Address) Presson True of the Best of the My Knowledge (Address) Presson True of the Best of the My Knowledge (Address) Presson True of the My Knowledge (Address True of the My Knowledge	If not at place of death? Former or usual residence
Filed Dec 1-4, 1915 Chas B HESSESSON REGISTRAR	Wom A. Hollis & Son Greston Mrs

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return. "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.		MARG	Z	RESER	VED	FOR	MARGIN RESERVED FOR BINDING	
	WRITE	PLAINLY,	WITH	UNFADING	INK-T	HIS IS	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	RECORD
N. BEvery Item	te CAUS	E OF DEA	TH in F	carefully solain terms	upplied.	t it may	should be stated be properly class	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem
OCCUPAT	TION IS	very Import	ant S	ee instruct	ions on	back o	certificate.	OCCUPATION is very important. See instructions on back of certificate.

ment of	Ounty Caroline 21457	STATE OF MARYLAND CERTIFICATE OF DEATH
IXS tate		Registration Dist. No. 6 2
Exact	FULL NAME Samuel James	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Fisc	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Salo 3	sex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOWED WICHOUTED OR DIVORGEO (Pris the word)	16 OATE OF OEATH See 2.5, 1915 (Month) (Day) (Year)
proper	Exar. 4. 1840	
GE sho	(Month) (Day) (Yoar) AGE (Month) (Day) (Yoar) If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 20 m. The CAUSE OF DEATH * was as follows:
on on	occupation (a) Trade, profession, or Betiref Flarues	Ossonie Bug ly Deserve
lly su rms, ruction	(b) General nature of Industry business, or establishment in which employed (or employer)	Contributory Secondary
See Ca	10 NAME OF FATHER Samuel Cooper	(Bigned) Davisor Geraldon, M. D. (Signed) Davisor Geraldon, M. D.
E E	THIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER	*State the DISFASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, State (1) MRANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIOENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
AUSE O	13 BIRTHPLACE OF MOTHER (State or country) (,	OR RECENT RESIDENTS) At placs in the street man at death yes mas. ds. State, yes mee. ds.
Every Item of It	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Sally Reed	If set at placs of death ?
Every It	(Address) B, J., D. Levelow Med.	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Story Coursefary LSC 28 , 181.5
8. M. 40	FRED DECEM, 1915 DO Seeres MIC) REGISTRAR	20 UNDERTAKER AODRESS Lingil Swoon Frutowing.
2	If more blanks are needed, address State Registrar,	16/W. Saratoga Str. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groeery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locol engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of oecupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

ehopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from child-'Anaemia'' (merely symptomatie), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurnot be stated unless important. acid-probably



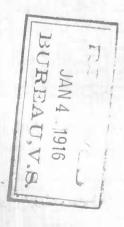
1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) Exact a hespital or institution. give its NAME Instead EXACTL of street and number.] RECORD be properly classified, certificate. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH be stated MARRIED, PERMANENT BINDING WIDOWED OR DIVORCED (Write the word) should eq (Month) (Day) OF 7 AGE If LESS than may GE 1 day/2 hrs. back The CAUSE OF DEATH * was as follows: min.? supplied. so that 0 OCCUPATION
(a) Trade, profession, or See instructions particular kind of work (b) General nature of industry terms, basinoss, er esisblishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) Dain 10 NAME OF p.e FATHER = should Important EATH 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY, CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN: 0 Very OR RECENT RESIDENTS) ы 13 BIRTHPLACE SO Al piece In the of infor OF MOTHER (State or country) 69yre. mse. ds. Stefa, _____yre, ____mea, ____ds, CA Where wes disease contracted, OCCUPATION If not all place of death? Every item o esachicer issues DATE OF BURIAL (Address \mathbf{m} z If more blanks are needed, address State Registrar, 16 W Saratoga St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census aud American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates birth or miscarriage as "Puenperal scptichaemia," "Puenperal peritonitis," etc. State cause for which "Heart failure," "Haemoirhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurby carbolic Never report mere "Atrophy," "Colacid—probably ACCIDENTAL, important. ("Con-



PERMANENT stated EXACTLY. 4 S should INK-THIS AGE carefully supplied. UNFADING WITH of information should be PLAINLY,

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RECORD

PHYSICIANS should state of OCCUPATION Is very PERSONAL AND STATISTICAL PARTICULARS, statement 6 SINGLE, 3 SEX MARRIED. WIDOWED, Write the word) Exact 30 classified. (Day) (Month) 7 AGE It LESS than 6 1 day,hrs. OR 7 mos. properly OCCUPATION (a) Frade, protession, or (b) General nature of industry, so that it may be of certificate. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENTS DEATH In plain terms, instructions on back 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) See CAUSE OF Important. 15

REGISTRAR

If more blanks are needed, address State Registrar, 9 E. Franklin St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[if death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE C	OF DEATH	
16 DATE OF DEATH	/2 (Month)	/0 (Day)	., 191.2. (Year)
1 1	CERTIFY, That		
hat I last saw har aliv	son Dec	1000	, 191
the CAUSE OF DEATH*	vas as follows:		
Contributory(Secondary)	(Duration)	yrs. 2 m	108
Signed)	(Deration)	yrs n Vard	osd
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	OF INJURY; an	In deaths from d (2) whether	VIOLENT ACCIDEN
BLENGTH OF RESIDENCE OR RECENT RESIDENTS) At place ot death yrs, mos Where was disease contracted, it not at place of death? Former or usual residence.	In the State	yrs,	
Burrsville	1	Sec /	JRIAL 2, 191 &
UNDERTAKEN	- Company	ADDRESS	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purprenal Scottchae-"Heart failnre," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (disease causing death), 29 (name origin; "Can-State cause for Examples:



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RECORD PERMANENT INK UNFADING

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OCCUPATION PHYSICIANS ŏ Ilddus certificate ō back pinoda See Instructions pial DEATH ō Item 0 mportant. Every ite m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lif death occurred in St.: Ward) a hospital or institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? OCCUPATION (a) Trade, protession, or parlicular kind of work. (b) General nature of Industry, business, or establishment in (Duration) vrs. mos ds. which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE .. 191 5 ... (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs. ____ ds Where was disease contracted. It not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for For VIO-



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1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City Holdston Md (No,	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Modling, (Month) (Day (Year)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 19 J. to J. 191V. that I last saw h Malive on J. 191V.
TAGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 9,40 m The CAUSE OF DEATH* was as follows: La horne Stephina:

Contributory

Secondary

(Signed)

(b) General nature of Industry. business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) 10 NAME OF

FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Informant) (Address)....

15 REGISTRAR

(Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

(Duration)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the __ yrs. ___ mos. __ . ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?

Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

UNDERTAKER ADDRESS reens

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meminges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916 BUREAU, V.S.

County 6	ce of DEATH aroline 21462	STATE OF MAI CERTIFICATE O Registration Dis	F DEATH
Village or Ci	FULL NAME Mary Rich	Jarrell, Ward)	a hospital or institution, give its NAME instead of street and number.]
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
France Transce	4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE OF B	South South (Month) (Day) , 1/8.	19 Rept , 1915, to De	tended deceased from , 1914 ,
7 AGE	66 yrs mos ds OR mir	and that death occurred on the date st	repulie -
(b) General business, or	on rofession, or House Chife— nature of Industry establishment in ed (or employer) CE country) Allart C Industry	Contributors (Burallen)	yrs mos ds
U 11 BIRTOF (St	THER Roll Sloyd, THERE ROLL Sloyd, THERE ROLL SLOYD, THERE RATE AT THE CO- DEN NAME CO- MOTHER CO-	(Signed) 1915 (Address) *State the DIMEANE CAUNING DEATH, or, CAUNES, state (1) Means of Injury; and Suicidal or Homicidal.	in deads from Violent (2) whether Accidental,
13 BIR OF (St	THPLACE MOTHER LEGISLE Commenter Legisle Commenter Commenter Legisle Commenter Comment	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, Where was disease contracted,	,yrsmos ds.
14 THE ABOV	Calil Alamena	If not all place of death? Former or usual residence	DATE OF BURIAL
15	ress) Chees Collection M	Trundert mo	ADDRESS My
	If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1	

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, precise specifications as Day loborer, Parm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Former or Planler, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupato report specifically the occupations of persons very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puenperal septichaemio," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness;" Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility", symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Mcasles; Whooping "Dropsy," State eause for which "Atrophy," "Col-"Exhaustion," ACCIDENTAL, important.



N. B. - Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. S. No. 1.

County Coralus 21463	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6.3
Village or City Preslaw (No. , 2 FULL NAME Elegabrih &	St.; Ward) [if death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWEG OR OLVOROFE BAYLAND OR DIVOR OF BIRTH	18 DATE OF OEATH (Month) (Day) (Year) 17 ThereBy Certify, That I attended deceased from 1913, to 2013.
(Mopth) (Day) (Year) 7 AGE 10	that I last saw h live on DEC , 191 and that death occurred on the date stated above, at lo Qm The CAUSE OF DEATH * was as follows:
(b) General natore of industry bosiness, or establishment in which employed (or employer)	Contributory Secondary (Buration) (A (Buration)
10 NAME OF FATHER Successed Standard St	(Signed) (State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidal. (For Hospitals, Institutions, Transients of Recent Residents) At place is the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant)	of death yre mas ds. State, yrs mee de Whors wee diesace contracted, if not at place of death? Former er woust residence
16 Filed Ofc. 10, 1915 Chas B. Wassison REGISTRAN	Dinchestre Comptery Dec. 11, 1915. 20 UNOERTAKER Win D. Hollis You Treston Md

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[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekespers of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return If retired from The question "Laborer,"

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(Write the word) PERMANENT 1914 (Month) (Day) (Year) certifionte RTIFY, That Fattended deceased from prope 6 DATE OF BIRTH should 90 AGL it may TAGE of If LESS fhao 1 day, hrs. back OR mie. ? that 20 PCCUPATION supplied a) Trade, prefession, or Instructions merticular kind of work terms, so business, or establishment in which emplayed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary plain See 10 NAME OF FATHER Ď. pino Important ATH 11 BIRTHPLACE PARENT OF FATHER
(State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME OF MOTHER of informati 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ы 13 BIRTHPLACE CAUS OF MOTHER (State or country) WRITE of death State, _____yrs. ____mee. ____ds. should state CAI Where was disesse nostracted. If not at place of death? Former or namel residence (Address) 15 m REGISTRAP Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS At place OF MOTHER (State or country)

usual residence.

Where was disease contracted. If not at place of death?

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAT

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"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from ehild-"Anaemia" rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound "Coma," (merely symptomatie), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolic "Atrophy," "Colacid-probably important. ("Con-



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PHYSICIANS AGE pinous 50 Item Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) . 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. _ Where was disease contracted. If not at place of death?-Former or osual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesses of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failurc," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND If death occurred in a hospital or institution. Exac give its HAME instead of street and number. T classified, E RECORD SINGLE, MARRIED, LUG stated WIDOWED OR DIVORCED properly certificate should po (Year) it may back of 7 AGE If LESS than 1 day, brs. mia. ? so that 0 supplied (a) Trade, profession, er plain terms, so t See instructions particular kind of work. (h) General nature of ledustry besiness, er estabilshment le carefully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ... 10 NAME OF C FATHER onla Important 11 BIRTHPLACE RENT OF FATHER (State or country) Q. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 60 [4] CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 03 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. PA E OF 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At placs S OF MOTHER AUS LIS (State or country) of death State,yrs.mes. ds.yrs.ds. should state CA Where was disesse contracted. If not at alacs of death? Former or usual residence (Address) 15 REGISTRAR Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

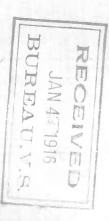
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salcsman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Never report mere acid-probably important.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

V. S. No. 1.

Village or City. Village or City. PLACE OF DEATH 21470 (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Millian Mil
7 AGE 1 If LESS than 1 day, krs. OR min.?	and that death occurred on the date stated above, at 30 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of werk (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Durallon) Hand current of the Contributory Contributory Contributory Coronaph) 1/2 from
10 NAME OF SAWARL DOMANLY 11 BIRTHPLACE OF FATHER (Stato or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (State the Dispasse Causing Dwath, or, in deaths from Violent Causes, state (1) Mrans or Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENTS) At place In the ef deeth
(Informant) Edger Petthermiller (Address) Pedgely 15 15 17 18 18 18 18 18 18 18 18 18	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed , 1910 REGISTRAR If more blanks are needed, address State Registrar 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housek spers who receive a definite salary), may be entered as Mousewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (netired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is ... "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursamia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia." "PUERPERAL peritonitis," etc.. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PHYSICIANS should state

properly classified.

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CAUSE OF Important. S

N.B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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[If death occurred lo

FULL NAME Poberta	Sacilsbury a nospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
O DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than	that I last saw here alive on the date stated above, at a m.
yrs mos ds or min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Caucalypsia of the livery (Duration)yrs
10 NAME OF FATHER James At, Saulsbury 11 BIRTHPLACE	Contributory Charles (Duration) yrs mos ds. (Signed) folia Outfullow , M. D. A 1915 (Address) Selfons
2 OF FATHER (State or country) Maryband 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryband	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Address) - Standard	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Part of the property of the proper

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of sucb, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report For vio-



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[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa--Coal minc, etc. For persons who have no occupation whatever The material worked on may form part Women at bome, who are engaged in Never return "Laborer," (b) Auto-

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Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning: The contributory (secondary or intercurwound("Con-



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospilal or institution. EXACTLY. give its NAME instead of street and number. T RECORD properly classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOROR,RACE SINGLE, 18 DATE OF DEATH PERMANENT MARRIED, WIDDWED Widows OR DIVORCED (Day) certificate CERTIFY. That I attended deceased from should 05 pe (Month) (Day (Year) OF TAGE may If LESS than AGE back 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? so that supplied (a) Trade, profession, or 0 instructions particular kind of work (h) Genoral nature of industry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) Contributory See in 10 NAME OF be 2 FATHER onid important ENTS 11 BIRTHPLACE (State or fountry) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEMT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME α OF MOTHE 4 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Li 13 BIRTHPLA OR RECENT RESIDENTS) 0 At place of deathyrs.mee.ds. State. CA Where was disease contracted. WLEDGE should state OCCUPATIO if not at place of death? Former sr usual recidence m address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia Example: Measles (disease eausing death), 29 ds. 1400rent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations head-homicide; Poisoned by Struck by railway train—accident; Revolver wound of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercurearbolic acid-probably Never report mere important



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Coun	PLACE OF DEATH 21474	(X)	STATE OF MA CERTIFICATE O	
Virtide	FULL NAME Olefford Slub	764	St; Ward)	[If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	2	MEDICAL CERTIFICATE C	OF DEATH
3 SE:	MARRIED WILLE (Write the word)	16 DATE OF D	(Month)	(Day) (Ye
O DA		that I last sa	aw have alive on the date st	, 191
par (b	yrs. / ds. 1 day, hrs. or min.? CCUPATION) Trade, profession, or ricular kind of work) General nature of lodustry sinass, or establishment in	The CAUSE	OF DEATH * was as follow	vs:
whi	RTHPLACE (State or county Caroline Co	Contribut	cory Cory Cory Cory Cory Cory Cory Cory C	Orenzy
RENTS	10 NAME OF FATHER Clay tory Stubbe 11 BIRTHPLACE OF FATHER (State or country) Delacence	- CAUSES, sta	, 191.5. (Address) the Disease Causing Death, or, to (1) Means of Injury; and	Coloro in deaths from Violent (2): whether Accidental
PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TOUR BEST OF MY KNOWLEDGE	18 LENGTH OF OF RECENT At pisca of death	eds. Stats,	jrs
15	(Address) Toldsford	Former or usual residence	BURIAL OR REMOVAL	DATE OF BURIAL
File	REGISTRAR If more blanks are needed, address State Registrar,	AKI	reschett	Trecustra

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question business or industry, and therefore an additional line applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Puerperal peritonitis," etc. State cause birth or miscarriage as "Puerferal scptichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The eontributory (secondary or intercur-"Convulsions," "Debility" ("Contrain-accident; Revolver' wound Never report mere "Atrophy,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be CAUSE OF DEATH in plain terms, se Important.

NB

PLACE OF DEATH

21475



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution. give its NAME Instead

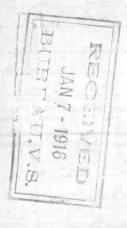
FULL NAME Steram Cor	Cleans of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male blile Saingle, Marries Married, Minoweo, Ordivorced (Write the word)	16 DATE OF DEATH Dea. 2.2, 1915 (Month) (Day (Year)
Sept 10 1856. (Math) (Day (Year)	that I last saw h allve on 2 , 191 5
7 AGE if LESS than 1 day	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work (b) Constitution of the characteristic of the c	Calcan value
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory The plants Classis Secondary
10 NAME OF FATHER AND Williams	(Signed) (Address) Received.
(State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Sally Farylor 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, OR RECENT REGIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, it not at place of death?
(Interment) Summa Williams	Former or usual residence
(Address) 1815 Ruth Pluinus REGISTRAN	20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER APPRESS Received Receive
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerfenal septichaeaffection need not be stated unless important. ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medleal Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. tetanus) may be stated under the head Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for For vio-



1 PLACE OF DEATH STATE OF MARYLAND 40 PHYSICIAN t statement County Caroline CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:Ward) a hospital or institution. give its NAME Instead نيا اس of street and number. 1 RECORD EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX SINGLE. 16 DATE OF DEATH stated MARRIED, Marr WIDOWED OR OIVORCED properly CERTIFY, That I attended deceased from 6 DATE OF BIRTH pinoy eq (Year) 7 AGE W If LESS than it may لنا about 32 1 day, hrs. Ü rsia. ? that 0 OCCUPATION supplied (a) Trade, profession, or particular kind of work. 80 (b) General nature of industry terms, instructi business, or establishment in UNFADING which employed (or employer) 9 SIRTHPLACE (State or country) Contributory c See i 10 NAME OF pe FATHER Ë ould H RENTS 11 BIRTHPLACE OF FATHER (State or country) 4 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY. CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 0 12 MAIOEN NAME PA OF MOTHER Informatic LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At placs OF MOTHER WRITE 19 (State or country of death State, yrs,yrs.ds. should state CAl CA Where was diseass contracted, If not at piece of death? Farmer ar usual residence DATE OF BURIAL (Address) 15 ADDRESS m REGISTRER Z If more blanks are needed, address Stato Registrar, 16 W. Saratogo St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the dutics of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever without more

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 4. 1916 BUREAU, V.S.

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	CAUS	E OF	DE	ATH	.=	plain	teri	ms,	80	that II	ma	y be	prop	erly	Class	lifled	. Ex	act	statemer	it of	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	NOI
	Important. Sea instructions on back of certificate.	tant.	Sea	inch	ruck	Suci	4 00	Sack.	of c	ertific	940											

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred is St.:...Ward) a hospital or institution, give its NAME testead of street and nomber.] PERSONAL AND STATISTICAL PARTICULAR 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO, WIDOWED, (Month) (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH TAGE If LESS than and that death occurred on the data stated above, at. 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributor 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State ____ yrs. _ Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcasics (disease causing death), 29 ds.; oma, Sarcoma, etc., of (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse," "Coma," "Convulsious," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



V. S. No. 1.

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1	WE'NE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECE	N. B.—Every item of information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County lear alm lev Village or City Allshir (No. ,)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jumale Color or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Commun. 31, 19151 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Still butte (Month) (Day) TAGE Still butte (Day) Tage Still butte (Day) Tage (Month) (Day) Tage (that I last saw hen ative on Re 3/ ,19151, and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) Le Carolina lev Med	Contributory Secondary
10 NAME OF FATHER le curles young 11 BIRTHPLACE OF FATHER (State of country) Caroline le curle 12 MAIDEN NAME	(Signed) Survey M. Constitution M. C. (Signed) M. C. M. C. M. C. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Ova Purkney 13 BIRTHPLACE OF MOTHER (State or country) Caroline 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Licilis Menny	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Hellshr Flied /2 3/, 1905 A. W. B. REGISTRAR If more blanks are needed, address State Registrar, 19	19 PLACE OF BURIAL OR REMOVAL HILLS OF DITTOLOGY 20 UNDERTAKER REEFEL ADDRESS MARCELLIAS BOOM THILLSON



[Approved by U. S. Census and American Public Health-Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the seeond statement. "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-. For persons who have no occupation whatever ete. If the occupation has been changed The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopnicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as Struck to determine definitely. surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septicharmia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercur-''Convulsions," "Debility" ("Contrain-accident; Revolver Examples: Accidental drowning; State eause for which Never report mere ACCIDENTAL, wound of

